

03/14/01
1060 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

For new nonprovisional applications under 37 C.F.R. § 1.53(b)

| | | | |
|--|---------------|-------------|----|
| Attorney Docket No. | SP01-041 | Total Pages | 49 |
| First Named Inventor or Application Identifier: Dejneka, Matthew J. et al. | | | |
| Title: CLADDING-PUMPED 3-LEVEL FIBER LASER/AMPLIFIER | | | |
| Express Mail Label No. | EL689104601US | | |

ADDRESS TO: Assistant Commissioner for Patent
Box Patent Application
Washington, DC 20231

| | |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input type="checkbox"/> Specification [Total Pages: 37] (preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure | 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets: 12] | ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS) (PTO-1449) <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: |
| 4. <input type="checkbox"/> Oath or Declaration [Total Pages:] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) | |

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.

☐ Continuation ☐ Divisional ☐ Continuation-in part (CIP) of prior application No.: 08/

Prior application information: Examiner: TBA Group: Art Unit TBA

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 22928 or ☐ Correspondence address below

| | | | | | |
|-------------------|---------------------------------|-----------|----------------|-----------------------------------|----------------|
| NAME | Juliana Agon | | | | |
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| CITY | Corning | STATE | NY | ZIP CODE | 14831 |
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| Name (Print Type) | Juliana Agon | | | Registration No. (Attorney/Agent) | 33,468 |
| Signature | | | | Date | March 14, 2001 |

FEE TRANSMITTAL for FY 2000

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$854.00)

| | |
|------------------------|------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Dejneka, Matthew |
| Examiner Name | TBA |
| Group / Art Unit | TBA |
| Attorney Docket Number | SP01-041 |

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-3325

Deposit Account Name Corning Incorporated

- ☒ Charge Any Additional fees required Under 37 C.F.R. §§ 1.16 and 1.17

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code | Fee (\$) | Fee Description | Fee Paid |
|-----------------------|----------|------------------------|------------|
| 101 | 710 | Utility filing fee | \$710.00 |
| 106 | 320 | Design filing fee | |
| 107 | 490 | Plant filing fee | |
| 108 | 710 | Reissue filing fee | |
| 114 | 150 | Provisional filing fee | |
| SUBTOTAL (1) | | | (\$710.00) |

2. EXTRA CLAIM FEES

| | Extra Fee from Claims below | Fee Paid |
|--------------------|-----------------------------|----------|
| Total Claims | 28 - 20** = 8 x \$18.00 = | \$144.00 |
| Independent Claims | 3 - 3** = 0 x \$80.00 = | |
| Multiple Dependent | | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity Fee Code | Fee (\$) | Fee Description |
|-----------------------|----------|---|
| 103 | 18 | Claims in excess of 20 |
| 102 | 80 | Independent claims in excess of 3 |
| 104 | 270 | Multiple dependent claim, if not paid |
| 109 | 80 | Reissue independent claims over original patent |
| 110 | 18 | Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$144.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code | Fee (\$) | Fee Description | Fee Paid |
|-----------------------|----------|--|----------|
| 105 | 130 | Surcharge - late filing fee or oath | |
| 127 | 50 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | Non-English specification | |
| 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840 | Requesting publication of SIR after Examiner action | |
| 115 | 110 | Extension for reply within first month | |
| 116 | 390 | Extension for reply within second month | |
| 117 | 830 | Extension for reply within third month | |
| 118 | 1,390 | Extension for reply within fourth month | |
| 128 | 1,890 | Extension for reply within fifth month | |
| 119 | 310 | Notice of Appeal | |
| 120 | 310 | Filing a brief in support of an appeal | |
| 121 | 270 | Request for oral hearing | |
| 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | Petition to revive - unavoidable | |
| 141 | 1,240 | Petition to revive - unintentional | |
| 142 | 1,240 | Utility issue fee (or reissue) | |
| 143 | 440 | Design issue fee | |
| 144 | 600 | Plant issue fee | |
| 102 | 130 | Petitions to the Commissioner | |
| 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | Submission of Information Disclosure Stmt | |
| 581 | 40 | Recording each patent assignment per property (times number of properties) _____ x | |
| 146 | 710 | Filing a submission after final rejection (37 C.F.R. § 1.129(a)) | |
| 149 | 710 | For each additional invention to be examined (37 C.F.R. § 1.129(b)) | |

Other fee (specify) _____

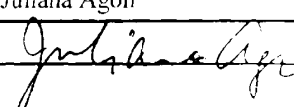
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0.00)

SUBMITTED BY

Completed (if applicable)

| | | | |
|-------------------|---|-----------------------------------|----------------|
| Name (Print Type) | Juliana Agon | Registration No. (Attorney Agent) | 33,468 |
| Signature |  | Date | March 14, 2001 |

Filing Date: March 14, 2001

Date of Deposit: March 14, 2001

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is Addressed to the Commissioner of Patents and Trademarks, Washington, DC 20231.

Signature _____

Julian ~~Agon~~

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